

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

August 7, 2017

Ms. Brenda Scalabrini, Manager
Lincoln House
120 Hill Street
Barre, VT 05641-3915

Dear Ms. Scalabrini:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on July 12, 2017. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,



Pamela M. Cota, RN
Licensing Chief



AUG 03 2017

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0175	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 07/12/2017
NAME OF PROVIDER OR SUPPLIER LINCOLN HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 120 HILL STREET BARRE, VT 05641			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
R100	Initial Comments: The Division of Licensing and Protection conducted an unannounced onsite investigation of a facility self-report on 7/12/17. A regulatory violation was cited as a result.	R100	See attached plan of correction.		
R114 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.3 Discharge and Transfer Requirements 5.3.a Involuntary Discharge or Transfer of Residents (2) In the case of an involuntary discharge or transfer, the manager shall: i. Notify the resident, and if known, a family member and/or legal representative of the resident, of the discharge or transfer and the specific reasons for the move in writing and in a language and manner the resident understands at least 72 hours before a transfer within the home and thirty (30) days before discharge from the home. If the resident does not have a family member or legal representative and requests assistance, the notice shall be sent to the Long Term Care Ombudsman, Vermont Protection and Advocacy or Vermont Senior Citizens Law Project. ii. Use the form prescribed by the licensing agency for giving written notice of discharge or transfer and include a statement in large print that the resident has the right to appeal the home's decision to transfer or discharge with the appropriate information regarding how to do so. iii. Include a statement in the written notice that the resident may remain in the room or home.	R114			

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

8009

LPX511

If continuation sheet 1 of 2

R114 ID accepted 8/17/17 R Tremblay RN/PM

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0175	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 07/12/2017
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

LINCOLN HOUSE

120 HILL STREET
BARRE, VT 05641

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R114	<p>Continued From page 1</p> <p>during the appeal.</p> <p>iv. Place a copy of the notice in the resident's clinical record.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to provide Resident # 1 with proper discharge information. Findings include:</p> <p>Per record review on 7/12/17, Resident # 1 was given a 30-day discharge notice that did not contain all the information required by regulation. The notice did not include a statement in large print that the resident has the right to appeal the home's decision to transfer or discharge with the appropriate information regarding how to do so. The notice also did not include a statement in the written notice that the resident may remain in the room or home during the appeal nor did the facility place a copy of the notice in the resident's clinical record. This was confirmed by the Executive Administrator on 7/12/17 at 10:15 AM.</p>	R114		

R 114 V RESIDENT CARE AND HDME SERVICES

5.3 Discharge and Transfer Requirements

5.3. a. Involuntary Discharge or Transfer of Residents

(2) In the case of an involuntary \ Discharge or Transfer, the manager shall:

i. Notify the resident, and if known, a family member and/or legal representative of the resident, of the discharge or transfer and the specific reasons for the move in writing and in a language and manner the resident understands at least 72 hours before a transfer within the home and thirty (30) days before discharge from the home. If the resident does not have a family member or legal representative and requests assistance, the notice shall be sent to the Long Term Care Ombudsman, Vermont Senior Citizens Law Project.


ii. Use the form prescribed by the licensing agency for giving written notice of discharge or transfer and include a statement in large print that the resident has the right to appeal the home's decision to transfer or discharge with the appropriate information regarding how to do so.

iii. Include a statement in the written notice that the resident may remain in the room or home during the appeal

iv. Place a copy of the notice in the resident's clinical record.

- Implementation of using the template form the Vermont Agency of Human Services Department of Disabilities , Aging and Independent Living website Form (Discharge/Transfer Form). Includes the statement of ability to stay within the resident and/or in resident's room.
- The form was used and the second Discharge (30) Thirty day notice was given when the second notice was given to resident and his legal representative, Diane DesBois) on July 17th, 2017
- Immediately after delivery of the second discharge notice, copies were placed in Paul
- DesBois Chart.
- Website and Regulations will be checked prior implementation of notification to ensure accuracy. Responsibility of the Executive Administrator and the Medical Administrator.
- This process has been implemented as of 07/17/2017

Brenda Scalabrini
Executive Administrator


Pamela Heffernan-RN
Medical Administrator

07/31/2017